

THE BUDGET AND PRESCRIPTION DRUG COVERAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. PORTMAN) is recognized for 5 minutes.

Mr. PORTMAN. Madam Speaker, being a member of the Committee on the Budget, I have to say that the budget that we passed in the House I do not believe is a fraud at all. It does two things that are very important. One, it restrains spending, which we need to do in order to get the deficit under control; and it also helps the economy to keep the government's spending down. For the first time really since 1995, when Republicans took control of the House, we are actually going to be freezing spending in many accounts. In fact, other than the security accounts and domestic discretionary spending, we will be getting spending under control and restraining spending, which I think is exactly what we should be doing. Second is that it puts in place measures to ensure that the economic growth that has begun continues. The gentleman may not have seen that in his district in Washington State, but we have certainly seen it around the country.

In fact, during the last 6 months, our economy grew faster than it has grown in the last 20 years, and jobs are coming back. Every month, over the last 6 months, we have seen job increases. Not as much as we would like to see, and all of us would like to see more, but the way to do that, obviously, is not to raise taxes on the American people, particularly some of those people the gentleman talked about, who he described as the wealthy. These are people who are businesses. Because a lot of small businesses in this country, in fact most small businesses are not incorporated, they are subchapter S, or partnerships, or sole proprietors; and they pay taxes at the individual level. Those are the people who are creating most of the jobs, our small businesses; and so we do not want to tax them at this point just as the economy is getting back on its feet.

So I think it is a good budget. I wish we could reduce the deficit even more, but it reduces the deficit in half by 4 years; the Senate version reduces it in half by 3 years.

Madam Speaker, I am actually here tonight to talk about another part of the budget, and that is the part that leaves room to provide for a new benefit under the Medicare program for prescription drug coverage.

After years and years of talking about this in this House, over in the other House, around the country, politicians have had a good time telling seniors we are going to give you prescription drug coverage, it is going to be great; but we have not delivered. Finally, late last year, this House voted on a bipartisan basis to provide prescription drug coverage, and I am very proud of that.

Is it perfect? No, it is not what anybody would think would be the perfect

bill based on their situation. Is it a good benefit? Absolutely, yes. And it is a substantial commitment by this Congress to be sure we modernize Medicare. As the gentlewoman from Connecticut (Mrs. JOHNSON) said earlier, we need to modernize the program. She talked about in addition to prescription drug coverage all the wonderful new preventive benefits, all the new help for people with chronic disease.

It was time to take a 1960s program and be sure it added this important element of prescription drug coverage, which was not a big part of anybody's care back in the 1960s. Now it is a huge part of seniors' care. And seniors back home in Ohio, where I am from, are delighted they are going to get some help with their prescription drug coverage, because they rely more and more on prescription drugs, and people rely on prescription drugs to stay out of hospitals and not to have to have procedures. Instead of having a very expensive heart operation, now you can take Lipitor and keep your cholesterol down, and that should be covered by Medicare. And it will be now.

The Medicare bill does involve some trade-offs. We had limited resources. We spent \$400 billion over a 10-year period, which is a lot of money, given the deficit that we have. But we thought it was so important to do it. But it does not provide 100 percent coverage. What it does provide is a real benefit, though; and let me talk about what it does and does not do.

A lot of what I have seen in the national media and what opponents of the law have said just is not accurate. Some have said that seniors will be forced into this new prescription drug plan and forced to pay premiums they may not want to pay. That is not true. It is entirely voluntary. If seniors do not want to sign up for it, they do not have to.

It will be roughly \$35 a month for most Americans. But for about 35 percent of Americans, those who are under 150 percent or 135 percent of poverty, there will be no premium at all. But for those Americans who will pay a premium, it is about \$35 a month.

The Department of Health and Human Services, the nonpartisan experts there, the Congressional Budget Office, again nonpartisan group, think the vast majority of Americans will sign up. But they do not have to. It is a voluntary program.

Opponents are also saying that this new voluntary benefit will cause employers to drop retiree coverage for those fortunate enough to have it. Well, there are seniors, maybe a third of seniors, who have coverage from their spouse or from themselves working for an employer. We want to be sure those people continue to get coverage, and this legislation absolute has just the opposite effect. It will not drive people away from it. In fact, it will give people the ability to keep that coverage because it provides an incentive for employers to keep people

covered. We have never done that before, including the other Medicare bills that just about everybody in this Chamber has voted for in one way or another.

That is extremely important, because we want to encourage people to continue to have coverage. Over 20 percent of the cost of the bill, \$85 billion, is set aside just for that purpose. AARP supports this bill. And one reason they support it is this provision was important to them, and it is in the bill.

Some opponents are also saying that the legislation would have been less costly if it had focused on those who really need it. That is exactly what it does. Most of the benefit goes to low-income seniors and those who have high drug costs. As I said earlier, those who are low-income seniors, under 135 percent of poverty, do not pay a premium, do not pay any copays, and are able to get prescription drugs with only \$1 or \$5 at the prescription drug counter.

This is a good bill focusing on those who need the coverage the most.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

9/11 COMMISSION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Madam Speaker, yesterday, the Bush White House finally succumbed to intense and well-deserved pressure and agreed to allow National Security Adviser Condoleezza Rice to testify under oath before the independent commission investigating the 9/11 terror attacks.

I am glad that Dr. Rice will publicly testify before the commission. This is an important step towards learning about the events surrounding the terrible attacks that occurred in New York and Washington, D.C. on September 11. Now we can prevent such events from ever happening again if we get the information that has been withheld.

But why is it that the Bush administration agreed to do the right thing only after receiving intense pressure from the public and from Republican appointees on the 9/11 Commission? Why does the White House time and again fail to quickly and transparently disclose what transpires behind its closed doors? After all, who could possibly provide better information in the fight against terrorism than those top White House officials, those who served the administration during that fateful day on September 11?

Remember, and we cannot forget, that the Bush administration initially